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DEC 29 2004

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1) U.S. PTO		703-872-9306	
2) Susan Ungar		571-273-0837	
3)		571-273-8300	
4)			
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From: Ronald L. Eisenstein	Date: December 29, 2004	No. of Pages: 11 (including this page)	
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From: Ronald L. Eisenstein	Date: December 29, 2004	No. of Pages: 11 (including this page)	Client/Matter: 700157-48012
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Practitioner's Docket No. 700157-48012-RCE

DEC 29 2004

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: David E. Fisher

Application No.: 09/229,283 Group No.: 1642
Filed: 01/13/99 Examiner: UNGAR, Susan
For: USE OF MICROPHTHALMIA FOR DIAGNOSIS, PROGNOSIS AND/OR
TREATMENT OF MELANOMA

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following papers are being facsimile transmitted to the Patent and Trademark Office at (703) 872-9306 (official fax number) and to Susan Ungar at (571) 273-0837 and (571) 273-8300 on the date shown below:

1. Certification of Facsimile Transmission (1 pg.);
2. Transmittal Form (1 pg.);
3. Petition for Extension of Time in duplicate (2 pp.);
4. Fee Transmittal (1 pg.); and
5. Supplemental Amendment (5 pp.).

December 29, 2004
Date

Linda M. Ginsberg



The image shows a handwritten signature in black ink, appearing to read "Linda M. Ginsberg". It is positioned above a horizontal line. Below the signature, the word "Signature" is printed in a small, sans-serif font.

Certification of Facsimile Transmission—page 1 of 1

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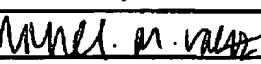
(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	09/229,283
Filing Date	January 13, 1999
First Named Inventor	David E. Fisher
Art Unit	1642
Examiner Name	UNGAR, Susan
Attorney Docket Number	700157-48012-RCE

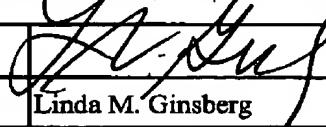
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<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Nixon Peabody LLP, 100 Summer Street, Boston, MA 02110		
Signature			
Printed name	Ronald I. Eisenstein/Nicole L.M. Valtz		
Date	Dec 29, 2004	Reg. No.	30,628/47,150

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature 

Typed or printed name Linda M. Ginsberg Date 12/29/2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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<i>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i>		<i>Complete if Known</i>	
FEE TRANSMITTAL For FY 2005		Application Number	09/229,283
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	January 13, 1999
TOTAL AMOUNT OF PAYMENT (\$ 60.00)		First Named Inventor	David E. Fisher
		Examiner Name	UNGAR, Susan
		Art Unit	1642
		Attorney Docket No.	700157-48012-RCE

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 50-0850 Deposit Account Name: Nixon Peabody LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25
 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100
 Multiple dependent claims 360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		Fee (\$)	Fee (\$)
				Fee (\$)	Fee Paid (\$)		
- 20 or HP =	x	=					
HP = highest number of total claims paid for, if greater than 20							

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=	

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x 125.00 =	0.00	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: One month extension of time 60.00

SUBMITTED BY

Signature	William M. Valtz	Registration No. 30,628/47,150 (Attorney/Agent)	Telephone 617-345-6054
Name (Print/Type)	Ronald I. Eisenstein/Nicole L.M. Valtz		Date December 29, 2004

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DEC 29 2004

Attorney Docket No.: 700157-48012

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: David E. Fisher

EXAMINER: S. Ungar

SERIAL NO.: 09/ 229,283

GROUP: 1642

FILED: January 13, 1999

FOR: USE OF MICROPHTHALMIA FOR DIAGNOSIS, PROGNOSIS AND/OR
TREATMENT OF MELANOMA

CERTIFICATE OF FACSIMILE (37 C.F.R. SECTION 1.8(a))

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being sent via facsimile on the date shown below to the MAIL STOP AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

12/29/04
Date

Linda M. Ginsberg
(type or print name of person mailing paper)

Signature of person mailing paper

MAIL STOP AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Dear Sir:

In response to the Office Communication dated November 18, 2004, Applicants previously filed by facsimile an Amendment, including a corrected Listing of Claims, on November 23, 2004. During the telephone interview with Examiner Ungar on December 21, 2004, applicants learned that the November 23, 2004 Amendment had not been received. Applicants have not been able to locate proof that the Amendment was filed by facsimile on November 23, 2004. Accordingly, in response to the November 18, 2004 communication, applicants are submitting herewith a Petition for One Month Extension of Time and fee. Please amend the application as follows, including the corrected Listing of Claims:

Amendments to the Claims begin on page 2 of this paper.

Remarks begin on page 5 of this paper.

BOS1430939.1